



Fax Form to: 651-487-7245

CITY OF ST. PAUL
DEPARTMENT OF PUBLIC WORKS
APPLICATION FOR TRANSPORTATION PERMIT

Permit No. _____

PART A - VEHICLE AND LOAD INFORMATION

| | | | |
|----------------------------------|----------------------------------|---|-------------------------------|
| VEHICLE OR TOWING VEHICLE | | TOWED VEHICLE OR TRAILED EQUIPMENT | |
| 1. Type of Power Unit | | 4. Type of Trailer | |
| 2. Licence No. (State) | 3. Stenciled Wt. | 5. License No. (State) | 6. Class 2 - Wt. Licensed for |
| LOAD INFORMATION | | | |
| 7. Object or Material | 8. Size and Model No. - Capacity | | 9. Weight of Load |

PART B - WEIGHT DIMENSION INFORMATION

| | | | |
|------------------------------|---|----------------------------|----------------------------|
| 10. Overhang Front _____ | INDICATE PIVOT POINTS AND CROSS OUT AXLES NOT APPLYING Mirrors may extend up to 6 inches on either side of the load. | 11. Overhang Rear _____ | SIDE OVERHANG |
| | | 15. Left ____ ft ____ in | OVERALL DIMENSIONS |
| | | 16. Right ____ ft ____ in | |
| | | 17. Width ____ ft ____ in | |
| | | 18. Height ____ ft ____ in | |
| 12. Axle Spacing (ft.in.) | | | 19. Length ____ ft ____ in |
| 13. Loaded Axle Wt.(M) | | | Total Axle Weight _____ |

PART C - (TO BE COMPLETED AND SIGNED)

| | | | |
|--|--|---------------------------|-------------|
| 20. Movement From: | | 21. Movement to: | |
| 22. Routing | | | |
| 23. Date(s) of Movement | | 24. Hours of Move | |
| 25. Owner of Towing Equipment | 26. Owner of Load | | 27. MNDOT # |
| 28. Permit Request and Payment ____ \$29 SINGLE TRIP ____ \$ 139 ANNUAL | Type of Payment ____ Cash ____ Check ____ Credit Card | | Receipt No. |
| 29. I (we) certify that the above information is correct. And if granted this permit I (we) do hereby agree to comply with all regulations, limitations and conditions which apply to this movement and further state that I (we) have read the applicable law and statutes. | | | |
| 30. Applicants Signature | 31. Date | 32. Applicant's Phone No. | 33. Fax No. |

PART D - AUTHORIZATION (TO BE COMPLETED BY PERMIT OFFICE)

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|--|---|
| 34. Special Requirements: | ____ 5 M.P.H MAXIMUM ON BRIDGE SPAN |
| ____ FLASHING LIGHTS - Over 10'6" wide | ____ OVERSIZE SIGN ____ FRONT ____ REAR - Over 10'6" wide |
| ____ FLAG OVERHANG - Over 3' | ____ ESCORT FRONT REAR - 1 If over 85' Long, 2 If over 100' Long |
| ____ FLAG WIDEST POINTS - Over 9' wide | ____ - 1 If over 12' Wide, 2 If over 14' Wide |
| ____ LIGHT EVERY 20 FEET - Night moves | ____ POLICE ESCORT ____ FRONT ____ REAR - Violating traffic lanes |
| ____ OUTLINE IN LIGHTS - Night moves | ____ CALL 487-7200 FOR TRAFFIC CONTROL, SPECIAL HAZARDS, |
| ____ USE CENTER LANE OF BRIDGE | ____ SIGNALS, ETC. |
| ____ NO OTHER VEHICLE ON BRIDGE SPAN | ____ OTHER |
| 35. Bridge Engineer _____ | |
| Maintenance Engineer _____ | |
| Traffic Engineer _____ | |
| 36. AUTHORIZATION OF MOVEMENT IS HEREBY GRANTED subject to compliance with the provisions of the Minnesota Highway Traffic Regulation Act and with the provisions of the St. Paul Legislative Code No. 152 and with size and weights of vehicle and loads not to be greater than shown on the permit. This permit is subject to revocation for non-compliance or alteration. | |
| 37. _____ Dated _____ 20____ at _____ AM/PM | 38. Authorized Signature _____ |